

Co-Occurring Joint Action Council (COJAC) DRAFT

Meeting Notes June 28, 2006

Participants:

Policy Council Co-Chair: Carmen Delgado (ADP)

Workgroup Co-Chairs: Marvin Southard, DSW and Cheryl Trenwith, MA

Workgroup: Ron Bettencourt (DMH), Michael Cunningham (ADP), Ruby Smith (ADP), Elizabeth Stanley-Salazar, Vivian Brown, Albert Senella, Steve Hedrick, Terry Robinson, Lily Alvarez, and Alice J. Washington

Welcome and Introductions

The workgroup co-chairs opened the meeting at 10:30 am.

Review of the Minutes

The agenda was reviewed and approved with one addition.

Addition-

• Old Business-Review the action items from the February 22, 2006 COJAC meeting

State Reports

Carmen Delgado, Assistant Deputy Director, provided the Department of Alcohol and Drug Programs (ADP) State Report.

COD Unit Staffing

- A. Jack Harrison is no longer providing consultant work. He will probably come back to ADP once his retirement workload is lighter.
 - ADP is starting the recruitment process to fill Joan Hirose's position. She now works for the Department of Education as of June 1, 2006.
- B. ADP was asked about their role with the Mental Health Services Act of 2004 (MHSA) and the department's new positions. The department stated that they are tasked with a MOU with Department of Mental Health (DMH) to work on the MHSA and the Action Plan. They are silent observers as the counties go through the review and approval process for submitted Community Services and Supports (CSS) plans.

C. ADP is working with the COCE. The COCE is to provide technical assistance to implement the Action Plan, but a problem exists with the Federal funds for this activity.

Ron Bettencourt of DMH provided their State Report.

- A. Carol Hood will staff the MHSA Unit as the Deputy Director. Michael Borunda will act as the Interim Deputy Director for the SOC Unit.
- B. MHSA CSS Plan Update- Forty-seven counties have submitted their CSS plans, eighteen have approved and eleven counties have not submitted any plans. ADP has been silent observers at the plan reviews.
- C. Other components of the MHSA will rollout soon, but there is no real plan as of yet as to how to do this.

In response to concerns, the following was approved by the COJAC Workgroup:

Action Item

The COJAC Workgroup asked the ADP COD Unit to update the Action Plan so as to reflect the work that is being done at the state and local levels with the Mental Health Services Act of 2004.

A survey of the CMHDA and CADPAAC membership will not only include questions that solicit information about integrated treatment for co-occurring disorders, but can include questions about the MHSA implementation of these activities that are happening in the counties.

Subcommittee Updates & Outcomes

Partnership Subcommittee-Terry Robinson, ADPI

This subcommittee has not met, so there was no report. One action item was assigned to this subcommittee. The COJAC Workgroup is recommending that:

Action Item

The subcommittee will develop a one page summary of the achievements and continued activities of the COJAC for distribution to the two associations and others.

Full Service Partnership and COD Guidelines Ad Hoc Group-Sandra Naylor Goodwin, PhD, CiMH

Alice Washington of CiMH reported on the work that is happening with the CSS Full Service Partnerships and the need for COD guidelines for these MHSA services. The work is being spearheaded by Vicki Smith, CiMH Director of Adult Services, and now Michael Oprendek, Senior Associate, CiMH Adult Services, and a small committee that includes AB 2034 state and local staff. The developing matrix for this project was distributed and described. The matrix is made up of the following elements: adjusted mandates from the MHSA, fidelity elements from the two SAMHSA toolkits, ACT and IDDT, and key elements from the AB 2034 programs. The COJAC stated that it is great to have the focus on a broad stroke of screening and assessing everyone for co-occurring disorders.

The COJAC Workgroup made one suggestion which is outlined below, but thought the work was great. The critical column of developing the guidelines for integrated treatment of co-occurring disorders still needs to be completed.

Action Item

The title of the document should read, "Guidelines for Providing Services for Persons participating in MHSA Full Service Partnerships including persons with co-occurring disorders..."

Alice will submit the changes to the Ad Hoc group.

Funding Subcommittee-Lily Alvarez

The membership of the subcommittee now includes another County MH Director, Wayne Clark, who is the cochair of the CMHDA Finance Committee.

A matrix was presented, "State Activities to Improve Services and Systems of Care for Individuals with Co-occurring Mental and Addictive Disorders." This information outlined how other states are utilizing their Medicaid and SAMHSA Block Grant monies for co-occurring disorder services. This information came from a Rand Report.

There was a discussion of how 80% of TAY is becoming homeless and that 30% of these people will have co-occurring disorders. The key informants of the subcommittee state that this is a growing problem and that co-occurring disorder services need to be age appropriate and involve co-location.

The EPSDT and AOD Treatment Services were discussed as a solution.

The COJAC Workgroup expressed concerns that the subcommittee was moving away from its charge, so the COJAC Workgroup made the following statements:

Action Items

- Train CSOC on co-occurring disorders
- Co-locate services with housing, employment, etc.
- Understand how to use EPSDT dollars
- Have LA county speak about an effective model that they have developed
- Insert perspective in MHSA Prevention and Early Intervention (PEI)
- Involve COJAC Workgroup in the MHSA Oversight and Accountability Commission (MHSOAC) PEI planning

Other Action Items

- Conduct an analysis of EPSDT, Short-Doyle for Adults, Healthy Families, and Drug Medi-Cal to determine how in the short run these existing funding resources can be used to provide integrated treatment for co-occurring disorders
- Identify an array of services to get these funds
- Consider how to support purchasing these services for co-occurring disorders and maximize funding
- Identify gaps and what evidence-based practices is the system still missing
- Understand what is working in other states and bring it to California

Licensing and Certification Subcommittee, Elizabeth Stanley-Salazar

The subcommittee has met twice. Their real charge is to look at certification. There are five categories of certification and they are developing a side-by-side analysis of the regulations for ADP and DMH. These are Medi-Cal certification for MH and AOD. They want to include the DMH Quality Assurance regulations in this analysis.

The subcommittee identified a concern. There are not a lot of resources available to reform the certification regulations. How can the two departments be informed and implement recommendations that certification be formulated for co-occurring disorders?

The COJAC Workgroup recommends the following:

Action Items

- The subcommittee will distribute the side-by-side to the COJAC Workgroup.
- The subcommittee chair will write the regulation change to address joint Medi-Cal Certification for co-occurring disorder services. This will affect how each department conducts their certification process.

Screening Subcommittee, Vivian Brown

The subcommittee has identified the screening tools for all ages, but had one question for COJAC Workgroup. (In order to obtain a report about which screening tools have been chosen, please contact Terry Robison, ADPI.)

The question to the COJAC Workgroup was whether or not to add three trauma questions to the Canadian Screening tool. The trauma questions came from the Boston Consortium Screener.

The COJAC Workgroup expressed concerns about the age that is listed in the questions, and whether the age limits would block important issues for adults and older adults. Also, is the tool available in other languages, has it been used for multiple populations, and in other non-clinical environments such as ER's, jails, and schools.

Action Items

- 1. Add the three trauma questions and rewrite question #3
- 2. Conduct a pilot with the 9-question tool--look at whether there are missing people they know have cooccurring disorders, does it measure what it is intended to measure, and develop a method that will allow us to use the information and understand its impact
- 3. Identify other languages-the Boston Consortium has it in Spanish
- 4. Look at the CalOMS as this tool may better lend itself to screening and collecting data for cooccurring disorders

Other

The screening tools-MASYI-2 and the GAIN-Q will be presented during workshops at the LA COD Conference in October 2006.

Housing Subcommittee, Carol Wilkins

Terry Robinson provided the report from this subcommittee. He distributed a matrix, "Compendium of Housing Models that meet the Needs of Person with COD-Proposed Framework." He reviewed the matrix with the group and stated that to date these are the housing models for co-occurring disorders. These are the best

practices for co-occurring disorders in terms of housing. Carol would like to have comments back from the COJAC Workgroup in the following manner-

- 1. Look at the accuracy of the housing descriptions
- 2. What is missing?

The subcommittee will then develop a compendium and make recommendations for housing models that are best practices for co-occurring disorders.

Carmen Delgado will provide the COJAC Workgroup with the forthcoming recommendations from the Governor's Homelessness Initiative.

Old Business

- a) The COJAC Workgroup reviewed the membership protocol, and accepted it as is.
- b) The COJAC Workgroup Co-Chair reviewed the action items from the past meeting of February 22, 2006.
 - i. The action items under the Full Service Partnership and COD Guidelines Ad Hoc Workgroup are in the process of completion as reported by Alice Washington.
 - ii. The action item under "Expanding SA TX to the Homeless Population" is being addressed at the newly formed Joint CMHDA/CADPAAC meetings.
 - iii. Terry Robinson and Alice Washington will check with Sandra Naylor Goodwin about the joint policy paper that will discuss what is possible under propositions 36 and 63 for integrated treatment of co-occurring disorders. This action item was under SAG Subcommittee reports.
 - iv. Terry Robinson and Alice Washington will check with Sandra Naylor Goodwin about her writing and sending a letter to the two State Departments with a clarification of the need to reinforce the policy direction of integrated services and forthcoming guidelines, and to recommend opportunities for technical assistance to counties. The action item was under MHSA Plans and COD.
 - v. The action item under COJAC Workgroup membership was addressed by Carmen Delgado during this meeting. This action item is complete.

New Business

SAG COD Subcommittee Update

The two representatives from this subcommittee provided background and a recommendation to resolve the issues that are facing this client population. They are mentally ill offenders who are not receiving integrated treatment for co-occurring disorders. They have approached the DMH about possible funding of these services under the MHSA. The DMH stated that a local initiative is needed as well as a letter of support from the two associations. So, the representatives brought this issue to the COJAC Workgroup for discussion and a recommendation. The COJAC Workgroup would like the two representatives to do the following:

Action Item

Several members of the SAG Subcommittee will draft recommendations requesting the COJAC Workgroup to ask the two State Directors to prioritize this issue, take up the subject, and develop solutions.

The COJAC is a standing item at the two associations.

Next Meeting

August 23, 2006 CiMH offices in Sacramento, CA